

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6087

Title: Percutaneous radiofrequency ablation for early hepatocellular carcinoma: risk factors for survival

Reviewer code: 01809067

Science editor: Qi, Yuan

Date sent for review: 2013-10-01 21:58

Date reviewed: 2013-10-06 16:45

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

small sample size the follow up periode is short need to elaborate of the impact of RFA on portal hypertension the best candidate of RFA is preserved liver function MELD <8 and no porttal hypertension

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6087

Title: Percutaneous radiofrequency ablation for early hepatocellular carcinoma: risk factors for survival

Reviewer code: 02438888

Science editor: Qi, Yuan

Date sent for review: 2013-10-01 21:58

Date reviewed: 2013-10-08 16:10

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors retrospectively analyzed the data of patients with HCC who underwent RFA in their hospital in order to evaluate the efficacy of RFA and find risk factors for survivals and recurrence. According to this study, RFA obtained a 90% rate of complete tumor necrosis at initial evaluation and overall survival rate was 82% and 71% in 1 and 2 years. Child -Pugh class was the only independent predictor for survival after RFA and there was no serious complication. So the authors believed RFA is an effective and safe treatment to achieve local tumor control and the liver function of patients should be carefully assessed before the procedure. With the improvement of diagnostic modalities for HCC the relevance ratio and detection of early stage HCC have improved significantly. Whether SR or RFA is the better treatment for early stage HCC has long been debated. In general, the overall survival rate in patients with surgical resection was higher than that of RFA for early HCC. Although SR was associated with more complications, SR was superior to RFA for treatment of patients with early stage HCC. But RFA may be a viable alternative treatment for early stage HCC when SR is not feasible. Currently, RFA is mainly used for primary HCC that cannot be resected, metastatic hepatic carcinoma and recurrent hepatic carcinoma after surgery. The results of this study were similar to previous literatures, but, interestingly, the investigation was carried out within Latin America population from Brazil. Although it is a preliminary study with small amount of cases, it may be helpful for further research in this field among specific subpopulation.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6087

Title: Percutaneous radiofrequency ablation for early hepatocellular carcinoma: risk factors for survival

Reviewer code: 02098345

Science editor: Qi, Yuan

Date sent for review: 2013-10-01 21:58

Date reviewed: 2013-10-08 21:18

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

In this study, the sample size is not so big, and the time of follow-up is not long enough. Meanwhile, there have already been many papers about the similar study. Thus, it is not recommended to be accepted.

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Science editor: Qi, Yuan

Date sent for review: 2013-10-01 21:58

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ESPS Manuscript NO: 6087

Title: Percutaneous radiofrequency ablation for early hepatocellular carcinoma: risk factors for survival

Reviewer code: 02439938

Science editor: Qi, Yuan

Date sent for review: 2013-10-01 21:58

Date reviewed: 2013-10-13 14:57

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
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COMMENTS TO AUTHORS

Dear authors: Your manuscript need to explain more detail for risk factors analysis. 1. As Table 1 showed, 70% (24) patients were infected by HCV, but it didn't showed how many patients were still HCV RNA positive? And what are the differences between HCV RNA positive and negative? 2. 34% (12) patients died in observation period, so what were the different of liver function after RFA treatment? 3. Table 1 title, "24 patients" should be "34 patients". 4. The English language should be thoroughly revised. There are spelling mistakes within manuscript.